ICEA Executive Committee
Minutes
January 11, 2006
2:00 p.m. – 4:30 p. m.
3 South Grimes

Members Present: Cathy Ryba, Troy McCarthy, Barb Merrill, Bob Bacon, Jane Borst, Julie Curry, Jeff Lobas, and Glenn Grove (by conference call).
Excused Members: Lana Michelson
Staff Present: Marion Kresse, LauraBelle Sherman-Proehl, Kelly Schulte, Kathy Wilson, and Barb Khal
Handouts:

- Policy, Rule and MOA references to Service Coordination
- Service Coordination Training Program – Status Report
- 4 Signatory Agency Plans for Service Coordination (1 for DE, DHS & DPH; 2 for CHSC)
- Map of SC training sites
- EA Procedures Implementing CAPTA
- CAPTA Report Covering 7/1/04 to 10/30/05
- January 20th ICEA Agenda

DESCRIPTION	Follow up Action Required/Due Date/Person Responsible
CALL TO ORDER: Cathy Ryba, Chair. **MINUTES:** Approval of December 21, 2005 Executive Committee meeting minutes was tabled.	Put on February 8th agenda.
POLICY DISCUSSION: SERVICE COORDINATION. Kathy Wilson, EA Consultant (DE)– guest presenter. ***Status Report on Early ACCESS service coordination (SC) training program.*** The Lead Agency has tried to develop a cost-efficient training system. One training site per quadrant. Incorporated best practices in professional development by including a coaching method workshop into the plan. By December 31, 2006, service coordination training Modules 1-5 will have been made available to service coordinators statewide. By December 31, 2007, all approved trainers will have been trained to deliver SC Training Modules 1-5 in all quadrants of the state. Each Signatory Agency (Departments of Education, Public Health and Human Services and Child Health Specialty Clinics) has a plan describing their role in the service coordination system (trainers, coaches, training	EA Consultants will work on tailoring documents to be useful and understandable by their agency. CHSC EA Consultant will gather information about foster care, as described in minutes.

DESCRIPTION	Follow up Action Required/Due Date/Person Responsible
coordinators, selection of service coordinators, and development of interagency pool). DHS is piloting their plan before fully articulating their commitment. **Note:** *The following provides highlights of the discussion. Any decisions made are in right column.* ***Discussion:*** There is a need to modify the vocabulary in the tools used by health agencies to identify determine competency levels of the service coordinators and determine which training modules are needed to complete the training program. Vocabulary for the same concept can be different, so tools need to be tailored for different agencies. There is a need to better understand the special populations of children for which DHS would provide service coordination, especially clarifying who provides targeted case management. There is an issue with HMO's coverage of service coordination. There is a need to clarify with HMOs that service coordination would be provided. Children with foster care. Ask CHSC parent consultants to identify the issues that are barriers to serving children in foster care. Major system issue is getting parent signature. This should be addressed in a future meeting. There is a concern that there is the potential for funneling special groups of children too much by agency. We want the most appropriate person to be the family's service coordination and use family-centered services. That person is tied to an agency and EA leadership needs to have a working relationship with provider agency. There is a need to clarify within each agency the role of service coordinators in promoting child find efforts. ***Question/Issue One Discussion:*** *Fee for service partners, empowerment funded partners, etc. express concern for money to pay for training time. Is anyone aware of funding sources for training to support our partners?* Talk with state-level Head Start Collaboration Office (Tom Rendon) about training funding needs for service coordinator training. ***Question/Issue Two:*** *Regional Liaisons and partnering agencies express concern about service coordinators who only have a few children per year. We need to look at the cost benefit of training and ongoing support vs. the number of children served. We must use qualified personnel, so "use it or*	

DESCRIPTION	Follow up Action Required/Due Date/Person Responsible
loose it" is a concern. A difficult issue. The EA system is starting to focus on cost-benefit efficiencies. Some providers have only a few children a year. Some are dedicated SCs. Is there a way to offer web-based and other training delivery options for revisiting a training module for service coordinators to take when they haven't had enough coordination experience in EA in the past? Do we ask supervisors to review their SC's competencies periodically and offer training delivery options when refreshers in content are needed? Web-based IFSP will help the recruitment of SCs and reduce the retraining needs.	
POLICY DISCUSSION: CAPTA AND IDEA 2004. Marion Kresse – EA Consultant (DHS), guest presenter. Note: CAPTA = Child Abuse Prevention and Treatment Act. IDEA = Individuals with Disabilities Education Improvement Act, reauthorized 2004. ***Primary issues:*** IDEA 2004 statute has requirements to align with CAPTA (PL 108-36). Intent of legislators was for all children referred by CAPTA to be screened and to determine need for Early ACCESS. Lead Agency needs to have policies and procedures that implement new IDEA 2004 requirements. 1. Need to review current procedures and determine adequacy. 2. Need to have a long-range improvement plan for CAPTA implementation. ***CAPTA Data from FY05*** • 3,894 - number of referrals from DHS • 196 – number of positive responses to IA COMPASS • 5% - responses expressed as a percent of referrals ***CAPTA Data from first 3 months of FY06*** • 1,200 - number of referrals from DHS • 63 – number of positive responses to IA COMPASS • 5.25% - responses expressed as a percent of referrals Meth abuse is driving the increase in numbers of children abused and neglected and referred to Early ACCESS through CAPTA procedures. Physical and sexual abuse has decreased in the reason for abuse, but meth and drug exposure has increased, so numbers remain large. Current initiatives addressing needs of these children and improving the support systems include:	DHS EA Consultant will use discussion and ideas to shape DHS plans. State Staff will gather information about other states' CAPTA implementation and share with Executive Committee. DHS EA Consultant will revise CAPTA procedures to add step seven and inform appropriate stakeholders.

DESCRIPTION	Follow up Action Required/Due Date/Person Responsible
• DHS changes to open all founded cases of abuse/neglect for children birth to five years of age. • Early ACCESS procedures re CAPTA. Needs improvement. • ABCD II (Assuring Better Child *mental* Health and Development) • Polk County Juvenile Court pilot, sponsored by the *National Zero To Three* Program. ***Discussion:*** • Is there a way to cross reference referrals from local DHS social worker with list of children who were referred to EA through COMPASS? Would give us more accurate feedback on effect of CAPTA letter sent to parents and getting them connected to the system. • What are other states doing? • Need to investigate within DHS first line manager at county/district level to learn if our CAPTA procedures do identify these children and refer them to EA. Ideas: State Staff improve CAPTA participation with EA. Use a plan, do, study, act method in selected site(s) and then spread. • Add step seven to CAPTA procedures: a date to review effectiveness of these policies and procedures.	
PLANNING THE AGENDA FOR THE JANUARY & MARCH COUNCIL MEETINGS: **JANUARY 20TH:** Reviewed. **MARCH 17TH: HIGH RISK FOLLOW UP** • Ask for presentations from U of IA and Mercy Physicians. Include data on children served, referred to EA, and relationship with community-based support personnel. • Include CHSC in the panel of HRFU programs. • Facilitate conversation to be getting to know and share visions of family-centered, community-based. • Ask the two physicians to the April 12th Executive Committee for follow up conversation. Face to face meeting in DSM.	State Staff plan meetings accordingly.
AGENDA FOR NEXT MEETING: **FEBRUARY 8, 2006.** Video Conferencing with Grimes, AEA 13 Hunter Conference Room, and CDD Room 241. **Potential Agenda Items:** • Policy Discussion: Foster Care. Further clarify DHS role in children in foster care and their vision for how these children	

DESCRIPTION	Follow up Action Required/Due Date/Person Responsible
should be served and interface with other systems (e.g. EA). Identify issues for a coordinated system. Identify resources (IL-Kelly; DHS staff; etc.). • Plan March Council meeting • Membership for 2006-07: List who is leaving and identify goal for next year's council. Ideas for whom to recruit.	
SHARING: ALL • Troy McCarthy has passed on the baton of chairing the *Down Syndrome Support Group* in his community. The new Chair's goal is to get more help to more families. • Marion Kresse for Jim Overland: DHS is applying for a federal grant to help the Children's System Design initiative. • Glenn Grove will be submitting his resignation effective the end of his term.	
The meeting was adjourned at 4:25 p.m.	